

(Follow-up visit and lab handling fee)

PHYSICIAN OR SUPPLIER INFORMATION → PATIENT AND INSURED INFORMATION → CARRIER →

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500,
APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)